**BID NUMBER 293 – re-advertise**

**7001 River Road, Marrero, Louisiana 70072 ∙ (504) 340-0318 FAX: (504) 371-6868 ∙ www.slfpaw.org**

### SPECIFICATIONS FOR OFFICIAL JOURNAL

**SOUTHEAST LOUISIANA FLOOD PROTECTION AUTHORITY – WEST**

**WEST JEFFERSON LEVEE DISTRICT**

**ALGIERS LEVEE DISTRICT**

1. Bid may be mailed or delivered to the Southeast Louisiana Flood Protection Authority – West, 7001 River Road, Marrero, Louisiana, 70072 by 10:00 A.M. on Monday, June 29, 2020. Any bid received after that time will be returned unopened.

1. The bid form, furnished as part of the specifications, must be used for filing the bid and must be signed by bidder. Bid must be delivered in a sealed envelope and marked “Bid Number 293.”
2. The Southeast Louisiana Flood Protection Authority – West is exempt from paying sales tax. Bid MUST NOT include tax.
3. Bid shall be valid for 30 days.
4. Publication shall cover the entire West Bank of Jefferson and Orleans Parish, including Algiers.
5. The newspaper shall have been published in an office physically located in Jefferson Parish for a period of five (5) years preceding its selection; shall not have missed during that period as many as three (3) consecutive issues, unless caused by fire, flood, strike, or natural disaster; must have maintained a general paid circulation in Jefferson Parish for a period of five (5) years; and shall have been entered in a U.S. Post Office in Jefferson Parish under a Second Class mailing permit for a period of its selection.
6. The newspaper shall furnish a rate per column inch for all Southeast Louisiana Flood Protection Authority – West minutes and other legal notices required to be published.
7. With a minimum thirty (30) day notice prior to the end of the first year agreement and by mutual agreement by both parties, this contract may be extended for an additional year, the cost to be negotiated.

**SOUTHEAST LOUISIANA FLOOD PROTECTION AUTHORITY – WEST**

**BID NUMBER 293**

## BID FORM

VENDOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT

PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RATE PER COLUMN INCH: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_